

## UMPQUA COMMUNITY COLLEGE 1140 College Road - PO Box 967 Roseburg, OR 97470 (541) 440-4601

	BIRTH DATE: (Required)					
	DATE:	TERM:	FA	WI	SP	SI
ION	SEX: MALE  FEMALE UN	NITED STATES	CITIZE	N YES	□ NO	

,	•	DATE	<u>:</u>		TERM:	FA	WI SP	SU		
COMMUNITY EDUCATION REGISTRATION										
NAME:		ETHNI	C (Optional): WHTE □ A	SIAN 🗆 BLA	ACK 🗆 HISF	PANIC   AN	MERICAN INDI	AN 🗆		
Last	First	MI	-							
MAILING ADDRESS:			OTHER:							
			ENROLLMENT ST	TATUS:						
City	State Zip		□ ENROLLING FOR THE FIRST TIME							
HOME PHONE: OTHER PHONE:			☐ CONTINUING (ENROLLED LAST TERM)							
			 □ RETURNING (E	ENROLLEI	D PREVIO	OUSLY BU	T NOT LAST	TERM)		
E-MAIL ADDRESS:			<u> </u>							
CRN#	COURSE TITLE		INSTRUCTOR	DAYS	TIME	ROOM	TUITION	FEE		
Student Signature:			Date:							
OTAL DUE										
MASTERCARD OR VISA NUMBER(Circle One)			3-DIGIT CODE (BACK OF CARD)EXP DATE							
Rev 11/11	Stu	udent/Cardholde	er Signature Signifying Ap	oproval & Au	ıthorization	Dat	e			

In case of refund, check is issued to the student regardless of the payment method, i.e. credit card, unless a formal third party sponsored account agreement is set up with UCC.